

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: G. Inocencio's	CHAPTER 100.1
Address: 1262 Komohana Street, Hilo, Hawaii 96720	Inspection Date: October 31, 2019

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><u>FINDINGS</u> Resident #1, prescription bottle label read:</p> <ul style="list-style-type: none"> • “Losartan Potassium 25 mg tab Take 1 tablet by mouth every day” Primary care giver (PCG) wrote “2 tabs (50 mg) See MD’s order 9/24/19” on prescription label. • “Baclofen Tab Take 1 tablet nightly for back pain/spasm” PCG wrote “(PRN) See MD’s order 9/24/19” on prescription label. <p>Prescription bottle label altered.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><u>FINDINGS</u> Resident #1, prescription bottle label read:</p> <ul style="list-style-type: none"> • “Losartan Potassium 25 mg tab Take 1 tablet by mouth every day” Primary care giver (PCG) wrote “2 tabs (50 mg) See MD’s order 9/24/19” on prescription label. • “Baclofen Tab Take 1 tablet nightly for back pain/spasm” PCG wrote “(PRN) See MD’s order 9/24/19” on prescription label. <p>Prescription bottle label altered.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1, printed physician admission orders of May 14, 2019 reflected the following handwritten by the PCG:</p> <ul style="list-style-type: none"> • “Calcium 600 mg. Dosage 1 tablet daily” <p>Medication order was transcribed and initialed as administered on the June 2019 medication record as administered. However, no telephone order or physician signature obtained.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1, printed physician admission orders of May 14, 2019 reflected the following handwritten by the PCG:</p> <ul style="list-style-type: none"> • “Calcium 600 mg. Dosage 1 tablet daily” <p>Medication order was transcribed and initialed as administered on the June 2019 medication record as administered. However, no telephone order or physician signature obtained.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1, admission orders of May 14, 2019 read:</p> <ul style="list-style-type: none"> • “Calcitonin (Salmon) 200 Unit/Act Solution 1 (one) spray (Nasal) in one nostril daily” Post –it note placed on physician order sheet written by resident read: <i>“Have not taken or picked up the nasal spray. Doctor knows I need to finish some dental work first then most likely go to the pill”</i> • “Hydrocortisone Acetate 1 % cream 1 (one) Application (External) 2 times a day to face” <i>“per resident not using anymore”</i> • “Mirtazapine 7.5 mg 1 (one) Tablet (Oral) as needed to help sleep, and nerves/appetite” <i>“Dc’d per resident”</i> <p>However, physician orders were not transcribed on to the June 2019 medication record nor physician clarification obtained.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1, admission orders of May 14, 2019 read:</p> <ul style="list-style-type: none"> • “Calcitonin (Salmon) 200 Unit/Act Solution 1 (one) spray (Nasal) in one nostril daily” Post –it note placed on physician order sheet written by resident read: <i>“Have not taken or picked up the nasal spray. Doctor knows I need to finish some dental work first then most likely go to the pill”</i> • “Hydrocortisone Acetate 1 % cream 1 (one) Application (External) 2 times a day to face” <i>“per resident not using anymore”</i> • “Mirtazapine 7.5 mg 1 (one) Tablet (Oral) as needed to help sleep, and nerves/appetite” <i>“Dc’d per resident”</i> <p>However, physician orders were not transcribed on to the June 2019 medication record nor physician clarification obtained.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN’T HAPPEN AGAIN?</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #1, physician order dated September 16, 2019 read:</p> <ul style="list-style-type: none"> • “Flonase Nasal Spray” <p>However, September 2019 medication record and prescription bottle label read:</p> <ul style="list-style-type: none"> • “Flonase Nasal spray use 2 sprays into each nostril daily” <p>Incomplete physician order and no physician clarification obtained until September 24, 2019.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #1, physician order dated September 16, 2019 read:</p> <ul style="list-style-type: none"> • “Flonase Nasal Spray” <p>However, September 2019 medication record and prescription bottle label read:</p> <ul style="list-style-type: none"> • “Flonase Nasal spray use 2 sprays into each nostril daily” <p>Incomplete physician order and no physician clarification obtained until September 24, 2019.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p>	

Licensee's/Administrator's Signature: _____

Print Name: _____

Date: _____